04/03/89 State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas WASTE MANIFEST CAD 1981, 423 of is not required by Federal law. 3. Generator's Name and Mailing Address A State Manifest Document Number 8 8 2 9 3 7 937 L.A. UNIFIED SCHOOL DISTRICT 4545 Huntington Drive South, L. A. CA 90032 B. State Generator's ID 4. Generator's Phone (Transporter 1 Company Name Omega Recovery US EPA ID Number C. State Transporter's ID Services QAD 042 245 POIL D. Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number 8. E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA IO Number G. State Facility's ID Omega Recovery Services 1A1D101412121415T01011 12504 E. Whittier Blvd. ty's Phone 213/698-0991 Whittier, CA 90602 042, 245 001 12. Containers 13 Total US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Waste No. Unit Quantity Туре W1/Vo 00 State "Waste Flammable Liquid, N.O.S. UN 1993 (Oil, paint, mineral spirits) 00 EPA/Other Flammable liquid State EPA/Other 1-800-424 State EPA/Other CENTER State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above ъ. 0/ MATIONAL 15. Special Handling Instructions and Additional Information 표 CALL 16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the bost waste management method that is available to me and that I can afford. S S EMERGENCY Printed/Typed Name Signature Day Year Transporter 1 Acknowledgement of Receipt of Materials AM Typed Name Signature O Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name

DHS 8022 A (1/88)

EPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

Printed/Typed Name

19. Discrepancy Indication Space

ORD

Do Not Write Below This Line

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Signature

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

Month

Day

Day

10141017181

Year

To: P.O. Box 3000, Socramento, CA 95812